

# Occupational Therapy Student-Led Program: Logic Model Informed Evaluation Framework

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### **DEFINE OPPORTUNITY**

Due to caseload pressures and a strong commitment to student learning, the ACH developed a Student-Led Program in 2014 to meet service demands, research commitments, and pediatric student placement responsibilities. This program offered OT students a comprehensive curriculum and supervised setting in which to provide rehabilitation services to children and youth experiencing mild to moderate disabilities, and their families.

### **ACT TO IMPROVE**

Program evaluation is an essential component of rehabilitation programs in OT practice and management. A logic model is a visual depiction illustrating what the program invests, what it does, who it reaches, and the results it aims to accomplish. It describes relationships between the program inputs (resources), outputs (activities and reach), and outcomes and is a proven, successful leadership tool. 1,2,3 When used in a collaborative manner this tool supports strategic program planning, implementation, communication, orientation/training, monitoring, and evaluation. The development of a logic model and evaluation plan was used to guide evidence based program development, management and service delivery and provide a framework for reporting to staff and funders.

### **REFERENCES**

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### **MEASUREMENT**

A stakeholder group, including the Student-Led Program Coordinator, Evaluation Coordinator, Unit Manager, OT Discipline Lead, and Patient Care Manager met to develop the program logic model. This collaborative effort incorporated the ACH Evidence Informed Decision Making tool whereby the client/population needs and goals, best available research evidence, and clinical expertise intersected to ensure evidence informed decision making.<sup>5</sup>

The logic model informed the development of an evaluation framework (i.e., evaluation questions, indicators, data collection and analysis methods, and timelines). The evaluation approach for this new program was designed to help decision-makers document the program's evolution and illustrate how modifications were connected to goals and target population needs. Outcome evaluation strategies were integrated over time to track and conduct preliminary assessments of the program's achievement of short-term outcomes.

### RESULTS

A comprehensive Student-Led Program logic model and evaluation framework was successfully developed and implemented. Key activities illustrated in the logic model were:

- 1. Clinical Services: Referral Management, Group Programs, Specialized Consultation, Research
- 2. Student Placement Services: Recruitment, Placement Curriculum, Student Supervision and Mentoring Support.

The figure below illustrates an excerpt from the logic model and evaluation framework regarding the Clinical Services: Specialized Consultation Activity. The goals of this activity are:

- i. To provide children/youth experiencing mild to moderate disabilities, and their families, with timely access to assessment, intervention, and connections to community services; and
- ii. To provide Allied Health students opportunities for pediatric skill development in conducting assessments, targeted and time limited interventions, recommendations, and referrals to community services.

### SUSTAINABILITY

A collaboratively developed versatile logic model and evaluation framework to support tailored program expansion enhances success of program implementation and sustainability

### **CHALLENGES**

- Extensive time commitment required to design detailed logic model and evaluation framework, as well as maintain attention to revisions required in response to ongoing program evolution.
- Sharing logic model and evaluation framework content with the broader rehabilitation teams/programs was challenging due to the highly detailed nature of these documents and extensive targets.

### LESSONS LEARNED

The use of a program logic model by OTs demonstrates leadership in service provision by:

- Informing the design of a comprehensive evaluation framework and relevant performance indicators.
- Facilitating evidence informed program development.
- Increasing the likelihood that the Student-Led Program activities continue to be successfully implemented to achieve desired outcomes.

# Strategic program direction and focus on achieving desired outcomes and shared visioning and decision making Common understanding of program elements, implementation evaluation and reporting amongst stakeholders.

# Inputs

Program Facilitator Clinical Instructors Clinical Coordinators Students Space Equipment **Assessment Tools** Learning Resources

**Activities** 

Occupational Performance Issues (OPI) Identification & Recommendations

Deliver Clinical Best Practice Guidelines (CBPGs), Pathways & Algorithms

### Outputs

Deliver COPM Assessment, Patient

**OT Students** 

Reach

Children/youth experiencing mild to moderate disabilities, and their families

Staff

## **Short Term Outcomes**

Logic Model and Evaluation Framework Excerpt: Clinical Services - Specialized Consultation Activity

Changes in engagement, awareness, access, knowledge, skills, attitudes, motivations, opinions

Students are knowledgeable and confident with use of standardized COPM for all outpatient OT referrals

Students experience increased confidence in assessment and intervention of OPIs within a pediatric tertiary care environment

Increased awareness and identification amongst students and staff, regarding priority needs for CBPGs

# **Medium Term Outcomes**

Changes in capacity, behaviour, practice, decisionmaking, policies, social action

Students consistently use standardized COPM for all outpatient OT referrals

Allied Health staff collaborate with students to design evidence informed programming to support development of CBPGs

# **Long Term Outcomes**

Changes in conditions: social, economic, civic environmental

Children/Youth

Improved Quality of Life and Participation of

Timely Access to Rehabilitation Services

Reduced Demand on the Healthcare System

# **Evaluation Question Samples**

What amount of human resources and time were invested? Was the quality and quantity of space and equipment adequate? Was the access to and quality of assessment tools and

How many COPM assessments were offered? How effectively?

To what extent has the opportunity to develop CBPGs been facilitated? Successes and challenges?

How many children/ youth & families were reached?

Were all students & staff reached?

To what extent did knowledge, skill and confidence increase for students? Why? What else happened?

To what extent were students and staff aware of and identifying CBPG needs?

To what extent did consistency of student standardized COPM assessment practices improve?

To what extent did students and staff collaborations regarding CBPG development change? Why? What else happened?

To what extent are the long term outcomes being

### # of staff and students

Ratios of staff: students (6:1)

learning resources adequate?

- Space access and quality
- Equipment access
- Assessment tools access and quality
- Learning resources access and quality

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- # of OT assessments were offered
- Effectiveness of assessments
- Identification of overall successes and challenges with COPM assessment, OPI identification & recommendations process
- Evidence of opportunities for students and staff to identify trends and priorities for CBPG development and #/types of CBPGs developed
- # of children/youth & family reached
- # of no shows/ cancellations
- # of students & staff reached

### **Indicator Samples**

- #,% students demonstrating increased knowledge and confidence with use of standardized COPM
- Evidence of trends and priority CBPG needs identified by students and staff
- #, % of COPM assessments used in standardized way per total outpatient OT referrals
- Evidence of student and staff collaborations regarding CBPG developments. Successes and challenges.

Wait list #s

Comparative between # of referrals seen per student cohort versus per clinician

